

CALIFORNIA

# MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of  
Medicine, Surgery, and the Collateral Sciences.

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# California Medical Journal

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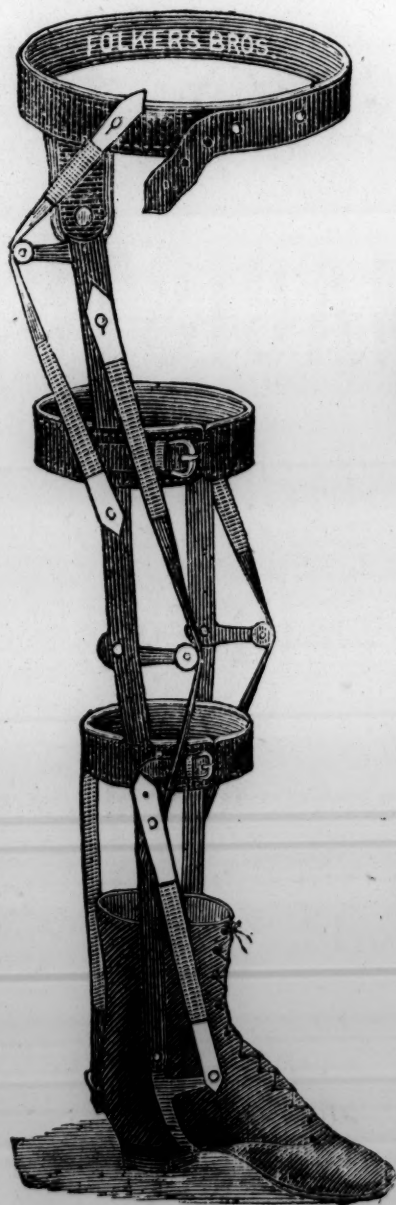
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# THE ❖CALIFORNIA\*MEDICAL\*JOURNAL.❖

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VOL XII.    SAN FRANCISCO, CAL., DECEMBER, 1891.    No. 12.

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The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

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NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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## Specific Medication.

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By A. J. HOWE, M. D.

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It is a dogma of Specific Medication as of Homœopathy that it makes no difference what the size of dose may be, so the remedy is *Homœopathic* or 'specific' to the disease. The Eclectic, who champions "Specific Medication" almost invariably puts ten drops of a "Specific tincture" in four ounces of water, and prescribes a teaspoonful every three or four hours. More medicine would be no gain nor loss; and less would do just as well. A drop in four ounces of water would prove as efficient as ten drops, and thirty drops in four ounces of water would be no more potent, therapeutically speaking.

Now I claim to be a champion of Specifics in Medicine, but



not to select them homœopathically; I choose tentatively, trying this I find a curative agency, and its maximum, medium and minimum dose, never, in my experiments, observing any relationship between the phases of disease, and the phases a remedy produces upon the healthy body. I might take baptisia in large and small doses, and repeat them every two or four hours for a week, and never experience any variation in my bodily health. In fact the agent makes no impression upon my organism. To me it is as inefficient as a decoction of rotten wood; and so it is with many other so-called specific medicines. I have tried them over and over again, and the result is always the same. On the other hand, when I test gelseminum, putting ten drops into four ounces of water, taking a teaspoonful of the mixture every three hours, I just feel the peculiar gelseminum impression upon my nervous system; and if I take five drops of the tincture of gelseminum in water every three hours, I feel a much more pronounced impression from the action of the drug. And in making the experiment with digitalis, hyosciamus and kindred agencies I find the same or very similar results, leading me to question the dogma that it makes no difference what be the size of the dose so the agent be *homœopathic* or "Specific" to the disease.

In making these remarks I concede the right for every man to judge for himself, and respectfully ask the same privilege for myself. I grant to medicine no mysteries that are not scientific, that will not stand a crucial test. Speculations upon the remedial activities of silex and charcoal don't count. The bones of Saints preform no miracles, except in the eyes of those who are looking for such things.

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### A Typho-Mistum Compositum.

Ice Cream Poisoning.

Misnaming of Diseases.

BY E. H. MATTNER, M. D., SAN FRANCISCO, CAL

In looking over some of the New York medical journals (regular) I thought the following the was worth copying; not because of its scientific treatment, but of its unscientific composition:

R. Speritus Etheris nitrosis	℥j
Spiritus Turpentine	℥ij
Potassae acetat	℥ij
Potassae chlorat	℥j
Liquor ammonia acetater	℥j
Tr. Aconite	℥j
Tr. Gelsemium	℥ij
Quin. Sulph.	℥j
Tr. Opii. Camphorata	℥iij
Aqua ad	℥iv

M Sig. Desert spoonfull say every two hours as long as there is any fever. Potassium bromide or Morphia may be added if there is great restlessness or want of sleep. In an inflammatory fever like pneumonia, the nitrate or bi-carbonate of potassium may be substituted for the chlorate, because they are more powerfully catalytic; and the tr. of digitalis or vratrum vir. may take the place of the aconite. This is undoubtedly a most efficient prescription and capable of general application to the reduction of fevers. It has been used both in hospital and private practice habitually for many years and I can not comprehend how any physician engaged in the daily practice of his profession can do without them.

To relieve the severe broncho-pneumonia occurring at late stages of the disease, the following is admirable:

R. Vini Ipecac	℥j
Ammonii carbonate	℥ij
Ammonii chlorid.	℥iij
Ammoni. Tartaricus	℥j
Syrup Simplicis	℥j
Aqua ad	℥vj

M S. A dessert spoonfull in a wine glass of water every two hours.



For the nausea and vomiting which occasionally occurs I prescribe the following:

R. Acid carbol.	gtt. i
Glycerine	3j
Tr. Opii Camphorate	gtt vi
Ess. Menthal pip	gtt v
Chloroform	gtt v

Given in merc. acaciae 9 S. at one dose and repeated; mustard over the stomach and back of the neck.

It seems that the Doctor has a prescription for each symptom and I think it would be advisable for him to mix the whole of them up together and call it a Typho-Mistum-compositum.

#### ICE CREAM POISONING.

One of Germany's great physicians makes a suggestion in regard to the causation of the symptoms in ice cream poisoning which is worth bearing in mind. He finds that in all cases where poisonous symptoms have occurred, vanilla has been the flavoring extract employed. In preparing vanilla for the market, the vanilla pods are frequently covered with a protective coating of the oil of cashen-nut to prevent the loss of the crystalline exudation which forms on the surface of the pod. This cashen oil, or cardol, is highly poisonous, and often causes ill-health among the workman employed in cleaning, picking over and assorting the pods. Another possible cause is the use of artificial "vanillin" for the vanilla bean.

"Vanillin" is made from coniferin found in the sap of the pine, and in its manufacture bicarbonate of potassium is largely used. It is probable that the process of purification is not so perfect as to remove all traces of this latter drug.

#### MISNAMING OF DISEASES.

It has quite often occurred to me to hear this or that doctor call a simple case of tonsilitis with some exudation, "diphtheritic sore throat."



A physician is called in to see a case of "sore throat." He finds the tonsils swollen, inflamed with some exudations, or white spots, as they call it. He is asked, "Doctor, what is it?" And instead of saying, "I can not tell you at present, as the disease is not yet fully developed. I will be better able to decide at my next visit," the careless doctor pronounces it a case of "diphtheritic sore throat." At his next visit he may find it to be diphtheria, and in that case he explains that it has "run into" diphtheria. Now, as a matter of fact, it does not "run into" diphtheria at all. If it is diphtheria, it was diphtheria from the start. If it turns out to be simple tonsilitis, he may perhaps try to take the credit of having warded off what would have become a case of diphtheria had he not been called in time. There is no such a disease as "diphtheritic sore throat." The disease is either diphtheria or it is not diphtheria. I fail to find "diphtheritic sore throat" mentioned in any work on medicine which I ever read.

There are a vast number of other expressions used by certain medical men that need correcting. Take, for instance, "fatty heart" and "fatty degeneration of the heart." Now some, and I dare say a majority of the members of the medical profession, regard the terms as synonymous, while in fact there is a very wide difference, both in the meaning of the terms and the actual condition of each heart.

In fatty heart the organ itself may be perfectly healthy, but there exists around the heart an abnormal quantity of adipose tissue. This condition is found most frequently in obese subjects, while in fatty degeneration the muscular fibers of the heart itself have undergone fatty transformation and their condition is principally found in thin, emaciated, debilitated subjects.

The terms malarial typhoid and typhoell-malaria are also used as though they mean one and the same disease, but as I understand it, they are two separate and distinct diseases. The former is typhoid fever, complicated with malarial symptoms; the latter is malarial poisoning, accompanied by much running down of the system—the patient sinking into



a typhoid condition. This difference should be apprehended and each condition and disease should be called by its proper name.

Since writing the above, my attention has been called to a term very commonly used; namely, that of diseases "striking in." You will perhaps sometimes be called to see a case—say it is one of scarlet fever, or perhaps a case of measles, or any of the exanthemata. You make your diagnosis, and some kindly-disposed neighbor will inform you that "she has lost one of her children from measles or scarlet fever or what not," the disease having "struck in" or the parents will tell you that they think you should prescribe something for the child to keep the disease from "striking in." What reply do you make? Do you correct this erroneous idea? No! But you ought to correct it; you ought to explain to your patients that there is no such a thing possible as a disease "striking in." When the rash disappears you will find that severe bronchitis or pneumonia, or perhaps nephritis, has set in to complicate matters, and that the lesser hypereæmia, viz., the eruption, has given way to the greater, which might be bronchitis or pneumonia, or if the case is scarlet fever, you would look for some kidney trouble. Once for all abandon the idea that a disease ever "strikes in."

In this connection, speaking of scarlet fever, I have also found that with the laity, scarlet fever and scarlatina are looked upon as two distinct conditions. Scarlatina is regarded as a very light form of scarlet fever, or as not being genuine scarlet fever at all. This is all wrong. The names are synonymous and mean one and the same disease. I suppose I could go on indefinitely and mention a whole lot of such mistakes, but I have already taken up too much of the JOURNAL's valuable space and therefore will conclude by saying that we ought to be more careful in making use of terms which are altogether wrong.



### A Microscopical Exhibition.

On Wednesday afternoon, Nov. 11, 1891, A. Leteve M. D., late interne in the hospitals at Lille, France and ex-demonstrator of anatomy of La faculte de l'etat de Lille, entertained the students of the California Medical College with an interesting collection of microscopical specimens. The Professor explained that the little animals exhibited under the glass slides, in jars and in the glass tubes, were taken from patients during his hospital career; guinea pigs and rabbits were inoculated with the virus and the various micro-organisms thus cultivated.

The bacteria of tuberculosis, the streptococcus of erysipelas, the bacillus of carbuncle, the staphylococcus aureus of furuncle and many other very interesting destroyers of the peace and comfort of the human race were shown.

Two jars were exhibited, one with clear and appetizing bullion, the other having had an yeast spore dropped into it and as a result, it took on a rather muddy color in which the animalcula thrive. The doctor placed several of these on the glass slide and under the microscope looked like so many fly specs with a raised margin.

Dr. Leteve came to California for the purpose of founding a branch of Pasteur's institute for the prevention and cure of hydrophobia, but finding the affection of rather rare occurrence on this coast, he bent his energies in other directions.

The antidote for the bacteria of consumption has been experimented with by him on rabbits with success as far as a certain class of the low animal kingdom is concerned, but as to overcoming its inroads on the human frame as a general class, has as yet not proved successful. Further investigation in that line is in progress.

The doctor can be found at 1610 Folsom street, where he would be pleased to show his experiments to those who are interested in this study.

A. S. TUCHLER.



### A Criticism.

EDITOR OF THE CAL. MED. JOURNAL:—

In the October number of this JOURNAL, there was published a letter from R. W. Place M. D., Troy Mills, Ia. giving his treatment for pneumonia. As the doctor claims to be an Eclectic, I suppose his treatment is from an eclectic standpoint.

In the first place, I should suggest, that the doctor write his perscriptions according to the rules of pharmacy, and not back end foremost.

"F. E. Laptandra to move the bowels, twenty drops in water 3j every day or twice daily." There must have been an *endemic* influence which prevailed in this community, that greatly deranged the liver making F. E. Leptandra a most important remedy to meet a *specific medication*.

Now comes the *sheet anchor* of the doctor's treatment "Quinine Sulph. grs. x ft. chart. No. V. One teaspoonful every two hours combined with equal parts of Antifebrin to control fever." With a temperature of 104°, in a child only one year of age, give *Quinine*? What *Eclectic* school could have taught this treatment?

"The time is past when herb tea is equal to antipyrin." This is no doubt the reason the doctor gave antifebrin to control fever. Is it better, safer, or more reliable than the *horrid* herb tea? Is this eclectic treatment in infantile pneumonia? Let us look for a moment at the therapeutical action of these *wonderful* antipyretics. "Acetanilid (antefebrin) raises the intra-vascular blood pressure; chiefly by contracting the peripheral arterioles and thus increases the work of the heart. As the antipyretic power is due to the injury done to the "Ozonizing function of the blood" as has been explained, it is clear that the therapeutical application for diminishing fever heat are not without danger." *Bartholow*. "Although Antipyrin is free from this dangerous depression, as a rule, there occurs in certain subjects, with the sweating, some cardiac weakness and irregularity, of an unpleasant character, and hence it can not be asserted that



this member of the group is free from the dangers inseparable from the action of the others, but it is far less toxic."

*Bartholow.* Does this look as if *Antipyrin* has done away with herb tea? I think there is no *regular eclectic* that will admit that, antipyrin is even a good substitute for, the infusion of the proper herb or root.

"I am a graduate of an Eclectic College, but do not let us discard mercury *in toto*." "The hydrargyrum-cum cretae is a mild and safe cathartic and I use it as often as I do the Leptandra." The Eclectic school of medicine was established to do away with the harsh and barbarous treatment of the allopaths, and MERCURY, (as a cathartic) and the LANCET were the very first to be discarded.

Now in this *Eclectic Journal* from the pen of a man who claims to be a *graduate* of an Eclectic College, says do not let us discard mercury. Ah, my dear friend, you and I have no such task to undertake for mercurials have long since been discarded, by *regular eclectics*. I hope you do not think of elevating the standard of our medical colleges, by introducing or advocating such "*old foggy*" treatment.

"Let us stand by our school, ever looking to her interest, but stop the tirade against Regulars. We do not know it all and the Regulars will meet us half way if we are "posted." You no doubt mean by the word "*Regulars*" *Allopaths*. Stand by our school, and stop the tirade against allopaths? *Impossible*; The war was declared by good and honest men; and has now but fairly commenced, and it would be a *shame* and a *blood stain* on the character of those heroes, to stop at this junction.

You say that they will meet us half way, yes, it looks so; when they are bound and pledged in Local, County, State and United States Associations to a Code of Ethics, which will not allow them to even meet us in consultation.

I can not conceive what you mean by "posted" with quotations, Eclectics, as a rule, are by far better posted than allopaths, and Eclectic Colleges have a much higher standard of requirements, than colleges in general of other schools of medicine. This, then can cut no figure, as to the cause.



of their refusal to consult with us. They are not satisfied by ignoring us professionally, but they are constantly asking for special legislation for this protection, under the cry of protection, to the dear people.

Look at the proceedings of the State Board of Health of Missouri, on page 358 CAL. MED. JOURNAL, Oct. 1891, and see what schools of medicine favors *raising the standard* of the medical colleges.

The Eclectic school of medicine, is not, as the name indicates according to Webster's Dictionary, but is a system of medicine itself. It teaches a *science* in medicine, by DIRECT MEDICATION.

The allopaths have never claimed that the practice of medicine was a science, and well they may not; as the greater number of them have their prescriptions, which have been recommended by their great men, such as Pepper, which they follow. Is this the class of *posted* M. D's. you would have us meet half way? We owe them nothing and have nothing to show them.

All that we have, we owe to the people, and we have just as able men in Eclectic ranks, as Pepper, Bartholow, Lusk, Flint, Keating or any other high Allopath, so we do not *need* those authors' works in order to practice medicine, no more than we do those of Homœopaths as high in their profession.

Be a *regular eclectic* or not an eclectic at all; as the eclectic ranks have been filled with the debris of other schools and "quacks," by calling themselves eclectics, so as to belong to some school in the eyes of the people. The kind of eclectics we want, are those who CAN and WILL fight for *free* and *reform* practice of medicine, as established by our founders.

[We wish to say; that while we do not agree with all Dr. Place said in regard to his treatment of his cases of pneumonia, as reported in this JOURNAL, it is but just to the doctor to say that, it was the fault of the printer and not of the doctor, that his article appeared as it did. We have looked over the original copy, and find that Dr. Place never made any such statement, as to give Quinine by the the spoonful, We are sure that the doctor will feel as much chagrined as others were surprised, to see his prescription appearing in such form. Write again doctor.—v.]



## ORGANIC CHEMISTRY.

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.

Professor of Chemistry and Toxicology, in the California Medical College.

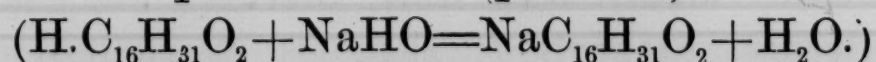
**Palmitone** the (Hexdecyl) Ketone  $(C_{15}H_{31})_2CO$  is obtained from the acid. It melts at  $83^{\circ}$ . The isomeric ketone  $C_{15}H_{31}CO.CH_2$ , from the same source, melts at  $48^{\circ}$ .

**Palmitaldehyde** (Hexdecetyl)  $C_{16}H_{32}O$ , or  $C_{15}H_{31}COH$ , is formed by distilling calcium palmitate and formate under diminished pressure. It fuses at  $28.5^{\circ}$ , and boils at  $192^{\circ}$  under a pressure of 22 mm.

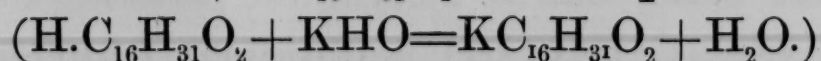
**Palmitic Acid** (Hexdecyl)  $C_{16}H_{32}O_2$   $C_{15}H_{31}COOH$  is usually found as the Glycerine Ester, Palmatin, occurring in various vegetables and animal fats and oils, as butter, human fat, olive oil, cocoanut oil. Stearin employed in the candle manufacture is a mixture of palmitic and stearic acids. Large quantities exist in palm-oil, Chinese tallow, Japanese wax Spermaceti, beeswax, etc. Olive oil consists almost exclusively of the glycerides of the palmitic and oleic acids. It is best obtained from palm-oil (which also contains oleic acid) by boiling with KHO, and decomposing the resulting soap with  $H_2SO_4$ . It crystallizes out in white needles, which melt at  $62^{\circ}$ , and solidify on cooling to a white, scaly mass.

**Potassium Palmitate**  $KC_{16}H_{31}O_2$  and **Calcium Palmitate**  $Ca_2C_{16}H_{31}O_2$  are the chief ingredients of adipocire, a wax-like mass frequently left as the result of the decomposition in the earth of the bodies of men and animals. Common hard soap is the sodium salt of palmitic, oleic and stearic acids, while soft soap is the potassium salt of these acids; potassium salts, being hygroscopic, absorb moisture from the atmosphere and deliquesce.

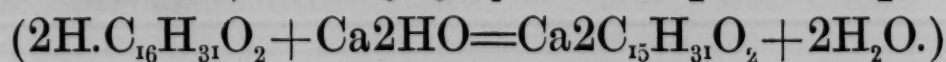
**Sodium Palmitate**, or hard palm soap is made by the reaction of NaHO on palmitic acid (palm-oil).



**Potassium Palmitate**,  $KC_{16}H_{31}O_2$ , or soft palm soap.



**Calcium Palmitate**,  $Ca_2C_{16}H_{31}O_2$ , or soft palm soap.





Any hydrate (base or alkali) will react with any fatty acid, or its ester. When the reaction is between the acid and hydrate, the result is Salt (soap) and  $H_2O$ . When it is between the glycerole ester, or simple ester, the result is a salt (soap) and an alcohol; this is called **Saponification**. (See soaps.)

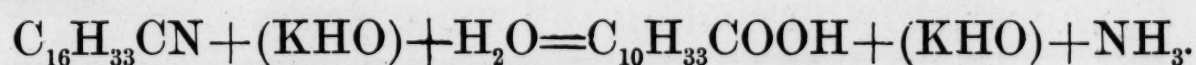
**Pentatriacontane**, ( $C_{32}H_{72}$ ). The 35th paraffin is a solid body melting at  $74^\circ$  and boiling at  $331^\circ$ . It has no salts.

**Theobromic Acid** ( $C_{64}H_{128}O_2$ , or  $C_{63}H_{127}COOH$ ), is the only compound of the 64th paraffin. It is found associated with other fatty acids in cocoa-butter. It crystallizes from alcohol in microscopic needles, which melt at  $72^\circ$ .

**Heptdecane** ( $C_{17}H_{36}$ ). This is a rare and uncertain body, of which very little is known. It melts at  $22.5^\circ$  and boils at  $303^\circ$ .

The **Ketone** ( $CH_3(C_{15}H_{31})CO$ ) called pentadecatyl methyl ketone is obtained by the dry distillation of a mixture of  $Ba_2C_2H_3O_2$  and barium palmitate.

The acid is known as **Margaric acid** ( $C_{17}H_{34}O_2$  or  $C_{16}H_{33}COOH$ ). It apparently exists naturally in the fats and is made artificially by boiling cetyl cyanide with  $H_2O$  in the presence of KHO:



It bears great resemblance to palmitic acid and forms colorless crystals, which melt at  $59.9^\circ$  and solidifies on cooling to a pearly scale-like mass. It boils under 100 mm. at  $277^\circ$ .

#### SALTS OF ACDECYL.

**Octdecane** ( $C_{18}H_{38}$ ) is a solid paraffin which melts at  $28^\circ$  and boils at  $317^\circ$ . The grouping is commonly known as **Sterate**.

The **Esters** are methyl and Ethyl **Sterate**, waxy crystalline masses. **Glyceryl Stearate** ( $C_3H_5_3C_{18}H_{35}O_2$ ) which is almost pure beef suet is also called **stearin**.

**Stearaldehyde** ( $C_{17}H_{35}COH$ ) is obtained from stearic acid. It crystallizes from ether in fine laminæ having a bluish lustre.



**Stearic Acid** ( $C_{18}H_{36}O_2$  or  $C_{17}H_{35}COOH$ ) is the chief constituent of many solid fats, such as mutton and beef suet. It is associated with palmitic and oleic acids as mixed esters and commonly known as tallow.

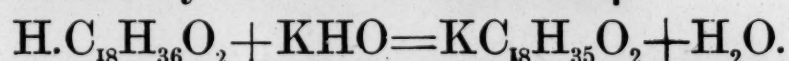
The acid crystallizes from alcohol in brilliant leaflets which melt at  $69.2^\circ$ .

The so called stearin of candles, consists of a mixture of stearic and palmitic acids. For its preparation beef tallow and suet are saponified with KHO or  $H_2SO_4$ . The acids which separate are distilled with super-heated steam. The yellow, semi-solid distillate—a mixture of stearic, palmitic and oleic acids—is freed from the liquid oleic acid by pressure between warm plates. The residual solid mass is then fused together with same wax or paraffin to prevent crystallization as the mass cools. It is then ready to mould into candles.

Stearin has several isomerides such as Cetyl Acetic Acid ( $C_{16}H_{33}CH_2COOH$ ) and diacetyl acetic acid ( $(C_8H_{17})_2CHCOOH$ )

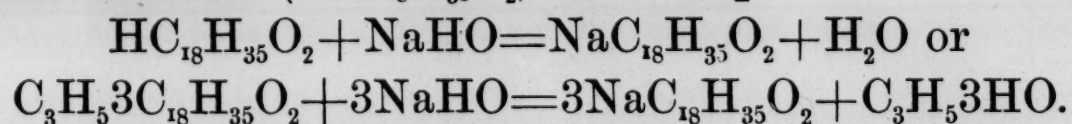
**The Soaps**, stearic acid, like palmitic and oleic acids, will combine with (or be saponified by) the alkaline hydrates, forming true salts, the soaps.

**Potassium Stearate** ( $K.C_{18}H_{35}O_2$ ). This is a delequescient salt and is commonly known as **Soft Soap**:



It exists in common with oleic and palmitic soaps in the old fashioned soft soap, which is made with potash lye and soap grease.

**Sodium Stearate** ( $NaC_{18}H_{35}O_2$ ) hard soap:



This is a non delequescient salt, hence it is known as hard soap. It is the chief constituent of all ordinary soaps.

**Calcium Stearate** ( $Ca2C_{18}H_{35}O_2$ ) is formed the same way as the others. It is insoluble in  $H_2O$ , hence it is called insoluble soap.

**The Ketones**: when calcium stearate is distilled alone, Stearone is formed ( $(C_{17}H_{35})_2CO$ ). There is another ketone called methyl-heptdecatyl ketone ( $CH_3(C_{17}H_{35})CO$ ). There are several more important compounds formed.



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SALTS OF NONEDCYL.

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**Nondecane** ( $C_{19}H_{40}$ ) is a solid paraffin melting at  $32^{\circ}$  and boiling at  $330^{\circ}$ .

**Nondecylic Acid** ( $C_{19}H_{38}O_2$ ). This rare acid is the only salt of the 19th paraffin known at present. It is a scaly crystalline mass melting at  $66.2^{\circ}$ .

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SALTS OF EICOSYL.

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**Eicosane** ( $C_{20}H_{42}$ ) is a solid paraffin melting at  $36.7^{\circ}$  and boiling at  $205^{\circ}$ .

**Arcahidic** (Eicosic) acid ( $C_{20}H_{40}O_2$ ) is the only compound of Eicosane or the 20th paraffin known at present. It exists in the oil of the earthnut, *Arachis hypogaea* and in butter. It is composed of shining leaflets having a pearly lustre. It melts at  $75^{\circ}$ .

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SALTS OF HEICOSYL.

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**Salts of Henicosyl.** The paraffin Henicosane ( $C_{21}H_{44}$ ) is a solid body melting at  $40.4^{\circ}$  and boiling at  $215^{\circ}$ .

**Medullic** (Henicosaic) **Acid** ( $C_{21}H_{42}O_2$ ). A small per cent. of this rare acid is found together with other acids in beef fat. It melts at  $72^{\circ}$ .

**Docasane** ( $C_{22}H_{46}$ ) the 22nd paraffin is a solid, melting at  $44.4^{\circ}$  and boiling at  $224.5^{\circ}$ .

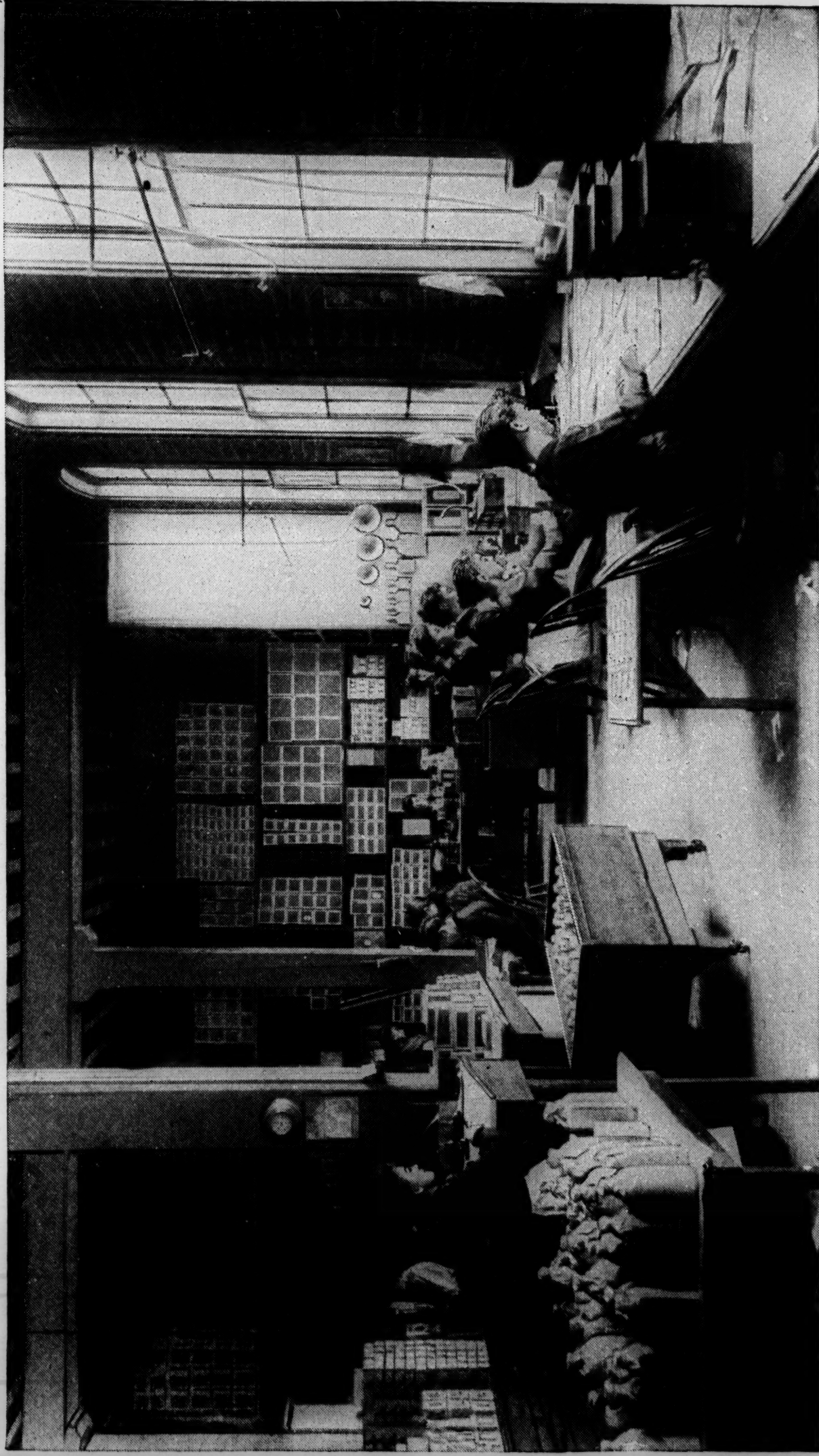
**Behenic** (docasic) **Acid** ( $C_{22}H_{44}O_2$ ) is found in the oil of ben., from the seeds *moningaolefera*. It melts at  $73^{\circ}$ .

**Tricasane** ( $C_{23}H_{48}$ ) The 23rd paraffin is a rare and unimportant solid. It has no known salts. It melts at  $47.7^{\circ}$  and boils at  $234^{\circ}$ .

**Tetracasane** ( $C_{24}H_{50}$ ). The 24th paraffin is a solid body, melting at  $51.1^{\circ}$  and boiling at  $243^{\circ}$ .

**Lignoceric** (Tetracasaic) **Acid** ( $C_{24}H_{48}O_2$ ) is found in solid paraffin and the tar from beechwood. It crystallizes in needles and melts at  $80.5^{\circ}$ . Paraffinic Acid is isomeric with Lignoceric, but it melts at  $47^{\circ}$ .



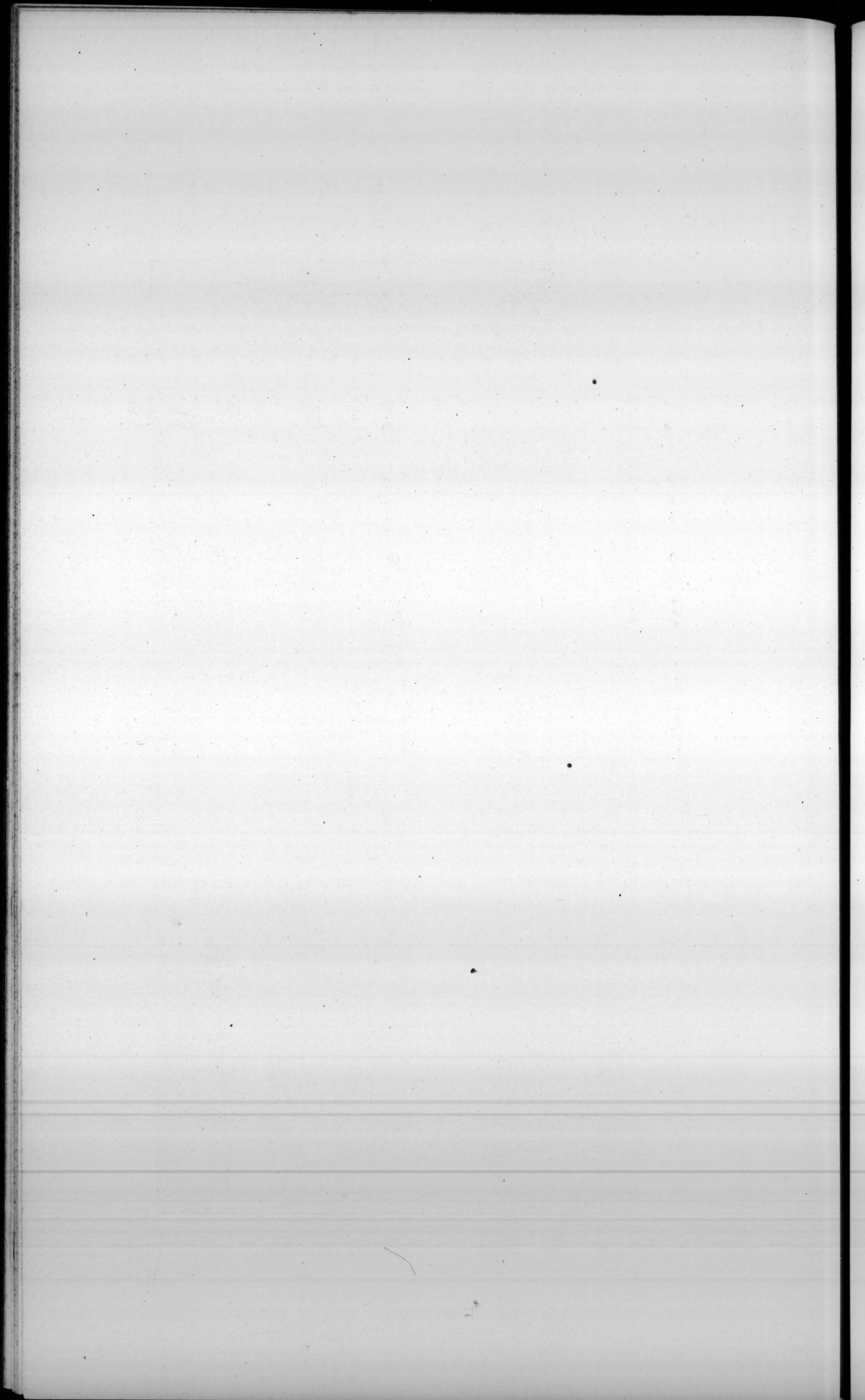


FINISHING DEPARTMENT OF CLINTON E. WORDEN & CO.,

214, 216, 218 AND 220 TOWNSEND STREET,

SAN FRANCISCO, CAL.







**Hyænasic Acid** ( $C_{25}H_{50}O_2$ ). This rare acid is the only form in which the 25th paraffin is known to exist. It was found by Carius in the rectal glands of the hyæna; hence its name. It crystallizes in fine curved needles and melts at  $77^\circ$ .

The 26th paraffin and its salts are unknown.

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#### THE SALTS OF CERYL.

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**Septacosane**, or **Cerone** ( $C_{27}H_{56}$ ), is one of the ingredients of solid paraffin. It melts at  $59.5^\circ$  and boils at  $270^\circ$ .

**Ceryl** (Cerotyl). The grouping forms several important compounds.

The following **Esters** are important.

**Ceryl Cerotate** ( $C_{27}H_{55} \cdot C_{27}H_{53}O_2$ ). Chinese wax is composed almost entirely of this ester in a tolerably pure state. It is obtained by puncturing the insect, *Coccus Ceriferus*. It melts at  $82^\circ$ .

**Ceryl Palmitate** ( $C_{27}H_{55} \cdot C_{15}H_{31}O_2$ ), is found associated with Ceryl Cerotate in opium wax. It melts at  $79^\circ$ .

**Ceryl Alcohol** ( $C_{27}H_{55}HO$ ) is a wax-like mass which melts at  $79^\circ$ . It is obtained from Ceryl Cerotate.

**An Aldehyde** ( $C_{27}H_{53}COH$ ) is known. It is isomeric with Myristone.

**Cerotic Acid** ( $C_{27}H_{54}O_2$ , or  $C_{27}H_{53}COOH$ ) is the chief constituent of common beeswax. In order to prepare it pure from crude beeswax where it exists as Ceryl Cerotate the wax is repeatedly dissolved and recrystallized from alcohol, afterwards precipitated with  $Ph_2C_2H_3O_2$ , and the resulting lead Cerotate is decomposed with  $H.C_2H_3O_2$ ; then it is recrystallized from alcohol in the pure state. It crystallizes in delicate needles, which melt at  $78^\circ$ .

**Mellissane**, the 30th paraffin ( $C_{30}H_{62}$ ) is from ordinary wax. It melts at  $62^\circ$ .

Melissyl or Myricyl ( $C_{30}H_{61}$ ) is the greuping. Its salts are only chemical curiosities.

**M lissyl Palmitate**, an ester is the more difficult soluble



portions of beeswax. It is a crystalline, silky mass, melting at  $85^{\circ}$ .

**Melyssyl Alcohol** ( $C_{30}H_{61}HO$ ), is obtained from the palmitate ester.

**Mellissic Acid** ( $C_{30}H_{60}O_2$ , or  $C_{29}H_{59}COOH$ ) is obtained from the alcohol by heating with potash-lime. It crystallizes from alcohol in small fine silky needles, which melt at  $88.5^{\circ}$ .

**Hentriacontaine** ( $C_{31}H_{64}$ ). The 31st paraffin is a solid body melting at  $68.1^{\circ}$  and boiling at  $302^{\circ}$ . It has no known salts.

The 34th paraffin is not known; but an acid of the formulæ,  $C_{34}H_{68}O_2$  and called Schalfjew's acid has been isolated.

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EDITOR CAL. MEDICAL JOURNAL:

Sir: Having a case of Retroversion on hand which no doubt causes sterility, I would like to know your procedure in such a case. I know that it is claimed when the mouth of the womb is turned upward the semen does not come in contact with the os; hence sterility.

A SUBSCRIBER.

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Dr. M. Chaper, Grenoble, France, says: "I have never known a soporific so efficacious as BROMIDIA, except morphine, and morphine is not so agreeable, and has inconveniences which I have not discovered in BROMIDIA. I have used this latter preparation frequently, and it has never failed in producing the desired effect."



*Do not fail to read our Proposition at the bottom of page.\**

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# The Most Perfect Artificial Infant Food.

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It goes without saying that a child, to be perfectly nourished, should be fed on healthy human milk, or its equivalent, during the nursing period, or at least until seven months of age. If a child under seven months of age **MUST** be **ARTIFICIALLY NOURISHED**,

## LACTO-PREPARATA

is the only Food which meets every requirement, as it is the only perfect **Artificial Human Milk** ever produced; when dissolved in luke warm water it practically resembles human milk in *composition, character and taste*.

It is made from pure cow's milk, contains cereals in any form, and is treated according to the directions of **Prof. Atfield for Sterilizing Milk**.

**Lacto-Preparata** and **Carnrick's Food** are now put up in airtight cans **only** and will keep perfectly.

---

## CARNRICK'S FOOD.

is composed of two-thirds of **Lacto-Preparata**, and one-third of dextrinized wheat, and is more especially intended for children from seven months to two years of age.

---

### A Proposition to any Physician.

\*The flesh of all children fed **alone** on **Lacto-Preparata** or **Carnrick's Food** is firm and solid, because they contain the requisite amount of **albuminoid constituents**.

The flesh of all children fed alone on any other Milk Foods (containing as they do 90 to 94 per cent. of cereals,) is soft and flabby, because they do not contain sufficient nitrogenous elements, and the children thus nourished will in consequence quickly collapse when attacked with any serious complaint.

**We respectfully request Physicians** who are prescribing these Foods to examine the flesh of the Infants and verify our statements.

We are so confident that our Foods are practically perfect as substitutes for healthy human milk that we will furnish gratis to any Physician who is now prescribing other Foods or cow's milk, sufficient of our preparation to enable him to judge of their dietetic value in perfect nourishing qualities, as compared with other foods for similar purposes.

REED & CARNRICK, MANUFACTURING CHEMISTS,

NEW YORK



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## SELECTIONS.

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### Is Extirpation of the Cancerous Uterus a Justifiable Operation?

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BY JOHN H. MCINTYRE, A. M., M. D., ST. LOUIS, MO.\*

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According to observations made by Gusserow, Lebert, Seifert and others, the life of women affected with the cancer of the womb from its first manifestation is about twenty months. It is not surprising therefore, that a few operators attempted to gain a greater likelihood of eradicating the disease by the removal of the entire uterus either through the vagina, or by abdominal section.

From statistics to which I have access, I find that the cancerous uterus has been extirpated about five hundred times; approximately one hundred and fifty by abdominal section, and three hundred and fifty by the vagina.

On account of the high and frightful mortality resulting from the abdominal operation, not less than 72 per cent., it has been abandoned, except in a very small number of cases where the vaginal method is not feasible. I find but a single case reported of a woman subjected to this method of operation who lived over one year, most of them died in less than six months, and scarcely any lived a year.

Vaginal hysterictomies, while not so fatal as abdominal, yet gives such a high rate of mortality as to be entirely unjustifiable; of seventeen cases reported in a large western city, nine of the cases were promptly fatal.

No less bold, skillful and successful operator than Mr. I. Knowlesly Thornton, of London, says: "The immediate results must be totally different from those at present obtained, and the after results also, before the operation can be admitted to a place among the legitimate operations of surgery."

Lawson Tait, says: "The proposal to deal with cancer of the uterus by complete removal of the organ meets with my strong disapproval;" and he further states: "My reasons are that its primary mortality must always be heavy, and that the few cases in which the disease does not recur are clearly errors of diagnosis."

Shroeder, of Berlin, now dead, after performing vaginal hysteriotomy on twenty-seven patients, says: "It is not yet to be called satisfactory, especially as far as the question of recurrence is concerned."

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\*Read before the Hodgen District Medical Society, Nevada, Mo., July 9, 1891.



Prof. Olshauem, up to 1883 performed this operation twenty-eight times; two of his patients died on the day of the operation; three of septicemia on the second and third days; one of carbolic poisoning on the second day; one of iodoform poisoning on the sixth day, and another also died suddenly of embolism of the pulmonary artery on the sixth day.

Dr. Reeves Jackson, of Chicago, elucidated this question very clearly before the American Gynæcological Society, showing it to be a highly dangerous operation and not productive of reasonable hope of relief.

It has been claimed by the advocates of local extirpation that when recurrence of the disease does take place, the patient suffers but little toward the end of life, as the spread of the disease is upward in the pelvic cellular tissue, and the patient is saved not only from the dreadful pain, but also from the hemorrhage and ulceration.

While I do not deny that this may occasionally be true, yet I must say that I have never seen it. In cases which I have observed the pain, foetid discharge, and cachexia, were as pronounced as in those not subjected to this operation.

In consequence of the dangers of total hysterectomy, I therefore answer the question: Is extirpation of the cancerous womb a justifiable operation? Most unquestionably in the negative.

This being true, the question naturally suggests itself. Is there any other method of treating uterine cancer, that is at once safer in the technique of operations, and which gives assurance of longer life afterwards? I answer unhesitatingly and unequivocally in the affirmative. In proper cases for operation, and by proper cases for operation, I do not mean in those cases in which the disease has progressed to such an extent that the woman who consults you, has already made her own diagnosis—where the ganglia, the parametric tissues, the vagina, and indeed all the surrounding structures are infiltrated and adherent and matted together, or where ulceration is extensive.

As we all know uterine cancer of whatever variety, in its early stages, is a painless disease. We further know, that in at least ninety-five per cent. it begins in, and affects the cervix, and we have no reason to doubt that it is very often, indeed almost always, implanted upon a laceration of the cervix. Although it is accounted by some good authority, Briesky, among them, that it is caused by friction of the cervix on the vaginal floor.

Primitive uterine cancer is very rare in the body of the womb. In the cervix its extension is circumferential and not upwards. Therefore the best and safest manner of its removal is through the vagina—supra vaginal amputation—together with tunnelling to a greater or less extent the body of the womb, as may be indicated. or



necessary, bearing in mind the paramount necessity of removing every vestige of diseased tissue.

This can best be accomplished by the use of the galvano-cautery, the knife or the hot iron, followed, if need be, by caustics; and which give incomparably better results, both as regards the immediate death rate and the ultimate results.

Time will not permit of a minute descriptive detail in the use of the various instruments and appliances that may be required. But I will venture to tax your patience with a description of a method of operating, which for more than ten years past I have practiced with great satisfaction, and with far better results than formerly, and to the use of which I am indebted to the late Angus MacDonald, of Edinburgh, Scotland.

After the patient has been fully anæsthetized and placed in a modified lithotomy position, he proceeds to amputate the cervix, which he does with great rapidity, with an ordinary gouge, such as is used in operations for necrosis of bone. He next introduces either a boxwood or vulcanite speculum of large size, and through it applies a Paquelin cautery knife, heated to rather more than dull red, and burns away all the diseased tissue, many times going up to the fundus, and leaving the body of the uterus a mere shell. Just before completing the operation he allows the heat of his paquelin to become a very dull red and applies it to every part of the wounded surface, which effectually prevents hemorrhage.

It is remarkable, how little pain is endured by patients who have been subjected to the operation in this manner. It would give me pleasure to report cases, but I have already occupied enough of your time. I thank you for your attention.

614 Olive street.

### Connecticut Eclectic Medical Association.

Resolutions adopted at the Semi-Annual Meeting held at Middletown, October 13, 1891.

*Resolved*, That, according to the sincere belief of the members of this Association, the people of Connecticut desire no legislation which shall restrict or handicap any individual in his right of choice of physicians, or give one man or any set of men, directly or indirectly, the power to impose such restriction.

*Resolved*, That the one chief object of modern medical legislation is to establish a dominant medical school, and that it is as repugnant to the principles of our Government to have a Church of Medicine as it is to have a National religious Church establishment.

*Resolved*, That the physician or School of Medical Practice that needs legislation for its protection does not deserve it; and that no deserving physician or School of Medical Practice will ask or need



such protection under any plea or pretext whatever.

*Resolved*, That this Association, in behalf of its own friends and of the people of the State, respectfully asks of the Legislature to enact no Bill contravening the right of the people in this matter, or placing the profession of medicine under the control, in any way, of any Board or jurisdiction with arbitrary power, to use it as partisans of any School of Practice.

*Resolved*, That the Legislature be asked to pass an amendment to the constitution, and place it before the people for ratification or rejection, making the right of Medical practice in this State forever free from all restriction.

### **Stomach-Washing in Infants.**

Dr. John Booker, in the *Johns Hopkins Hospital Bulletin*, describes minutely his method, which is very simple, and similar to that of Epstein. A soft Nelaton catheter, about No. 9, is attached by a short glass tube to a common rubber tube two feet long, with a two-ounce glass funnel fitted into the distal end. This is all the special apparatus needed. A pitcher containing half a gallon of tepid water is placed in a convenient position for use. Sometimes it is of advantage to add a teaspoonful of equal parts of bicarbonate and benzoate of sodium. The child is held in the nurse's lap in a sitting posture, with the head slightly bent forward and the hands confined by the nurse's left arm passed across the chest. The child should be protected by a rubber sheet. The tube is moistened with water, inserted into the mouth, passed back to the pharynx, and directed downward through the œsophagus into the stomach. Gagging or even vomiting may occur, especially if the tube is delayed in the œsophagus or pharynx. This usually ceases when the tube reaches the stomach. If it continues, the tube should be drawn up a little and carried to one corner of the mouth. It is unnecessary to depress the tongue, a procedure which is apt to provoke vomiting.

When the tube is in position an ounce or two of water is poured into the funnel, held just above the level of the child's head. By lowering the funnel before the water has fully flowed out of the tube, the contents of the stomach are readily drawn out by siphon action. The tube is then raised and the funnel again filled, and the process is repeated until the water flows away clear. There is no possibility of the tube's entering the larynx or perforating the walls of the stomach.

The stomach tube is employed for three purposes: 1, the study of physiological digestion; 2, in the study of changes taking place in disordered digestion; 3, as a therapeutic measure.—*N. Y. Medical Journal*, Aug. 8, 1891.



### The Question of Advertising.

BY DR. N. B. SHADE, HAGERSTOWN, MD. \*

A paper read at the 1891 meeting of the U. S. Medical Practitioners' Protective Alliance.

MR. PRESIDENT and Gentlemen: Through the use of printer's ink, quackery is practised and fostered in every conceivable manner; deceiving and beguiling the invalid and public generally by purporting to cure incurable diseases, and in other ways misrepresenting the medical profession to the people. The existing rules of medical etiquette do not give satisfaction to the profession in particular, much less in general. There is an unnecessary discrimination on the part of the several systems of medicine in not recognizing physicians who hold diplomas issued by legally chartered colleges, viz., Allopathic, Homœopathic, and Eclectic schools. It should be held unlawful for physicians, or those known as such, to advertise in any manner their ability in the art and science of healing disease unless lawfully possessed of a diploma issued by a recognized college, or a certificate issued by a State Medical Board.

It should be considered perfectly proper and right that an artist or scientist in medicine should be granted the same privileges enjoyed by other artists and scientists outside the medical profession, all of whom are jostling in the marts of trade among men. Stop unqualified doctors and advertising quacks, and there will be nothing but the most reasonable fairness for regular graduates of medicine to advertise their specialties in the public print, the same as other artists, scientists, mechanics, and business men. The unfairness now lies in the fact that unprincipled doctors are allowed to advertise "goods they are unable to furnish;" in other words, to advertise their ability to cure all diseases that man is heir to. Hence the quick conclusion that all who advertise, whether regular graduates or not, are classed as quacks; so that the qualified practitioner who has chosen a specialty dare not use printer's ink in any manner or he is immediately classed irregular and a quack. This is the most absurd and base folly. For as long as we remain in the old ruts of routine practice, governed by the whims of a past age, so long will we be unmindful of our best interests; allowing others to reap the rich harvest resulting from modern business methods and the use of printer's ink in a legitimate and honorable way.

Hence, I say, the necessity for the "United States Medical Practitioner's Protective Alliance," which we have met to organize. The sixteen States represented in our first convention should be sufficient stimulus to embolden us to push out from the shore and let down our nets for a heavy draught. Send the glad news north, south, east, and west, that the honest, hard-working practitioner's day has come when he will be allowed the same privileges to push his business in a legitimate way as any other artist or scientist. *Why not?* This Alliance should and no doubt will say what is considered legitimate advertising; and after we are once in working order, everything pertaining to the financial benefit of the practitioner will be most thoroughly looked after. Every practitioner of medicine, independent of school, should be recognized as a helpful contributor to our general store of knowledge. We cannot afford, and as gentlemen should not attempt, to snub each other; for life is too short and there remains too much to be accomplished to parley over such little technicalities.



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EDITORIAL.

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The Session of '91 of the California Medical College has now closed, and we feel assured that we bespeak the feelings of every teacher and student, that it has been a year of faithful and harmonious work. The professors filling their various chairs punctually and the students attending regularly. Our graduating class doing great credit, both to themselves and their teachers, by passing the best examination and making the highest average per cent. of any class in the history of the school; and we very much doubt if any school in the whole country has turned out a class that could surpass our graduates for general excellence of standing. The Faculty has just cause for pride in the class as students, and shall expect much of them as practitioners, and as representatives of the California Medical College. The Commencement Exercises were attended by a large and enthusiastic audience, and everything is promising of a bright future for our school. All of our graduates of past years are doing well, and it is the purpose of the Faculty to keep up a high standard of education, and they are perfectly willing to turn out students among the great mass of practitioners who are struggling for supremacy—and trust to “the survival of the fittest.”

The graduating class was composed of the following ladies and gentlemen: Charles Z. Ellis, Joseph T. Farrar, Chester E. Hailstone, Dora M. Hamilton, Samuel H. Hall, Wilton M. Mason, Louis Mathe, B. S., Alfred S. A. Sander, Joseph G. Tompkins, Geo. M. P. Vary, M. S. C. I., Florence V. Wall.

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We wish it distinctly understood by our reader and contributors that we do not hold ourselves responsible for the views, orthodox or paradox, set forth in any article except our own, that may appear in this JOURNAL. One contributor may write a most excellent article and another may send us something that we would not think worthy of publication. But while we might feel thus, some of our readers wou



perhaps take a very different view of it, as we do not all see things in the same light, and while one writer may please some, another may please others and neither one please all. Hence we shall publish any article (barring personalities) that is at all admissible; and our pages will always be open to just criticism by any one who may except the article. v.

### The California Medical Journal.

This issue closes the twelfth volume of our JOURNAL, as a journal, and the first volume of it, under its new management.

To those who have subscribed and paid for the JOURNAL for this year, now soon to be numbered with the past, we say, 'we thank you.' To those who have not taken it at all, we only say, *we wish you had*; and perhaps *you* are the loser in not so doing. To those who have received the JOURNAL regularly but have cared so little for it and the cause which it espouses, that they have neglected to send us the one dollar, we will say you have not done your duty as Eclectics, towards us, to the cause, nor to yourselves.

The past year has been fraught with many hardships, and we have had to surmount many difficulties and labor under many discouragements. But as the first year of the life of any publication is the most trying one, we think that we can see our way more clearly.

We do not for a moment flatter ourselves that we have *pleased* all of our readers; neither do we claim that we have made no mistakes, but we do rest secure in the consciousness of having done everything in our power to promote the best interest of the cause of Eclecticism on the Pacific Coast.

If we have succeeded in awakening an *active* interest among the Eclectic profession in general, we are glad. If we have failed we are sorry.

With the beginning of the year we shall increase the JOURNAL by the addition of sixteen pages which will give it fifty pages of reading matter. And we ask now, as we have heretofore that our subscribers will also become contributors and by so doing, help us to make the JOURNAL, worthy



the name of such, and a worthy exponent of the cause it espouses. We have many able men in our ranks, some of whom are and others ought to be writers. In addition to our contributions, we shall fill the JOURNAL with the very best selections from our large exchange list; thus giving our readers the latest and best thoughts from all sources. In fact we wish to make the CALIFORNIA MEDICAL JOURNAL a *necessity* to every Eclectic and every liberal minded physician. "Brethren come over and help us."

The subscription price of the JOURNAL after its enlargement will be \$1.50 per year payable in advance. v

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### Something for Every Eclectic.

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We have received a copy of the catalogue of the trustees, faculty and graduates of the Eclectic Medical Institute, 1845 to 1891, including the graduates of the Worthington Medical College, 1834 to 1838. Eclectic College of Medicine, 1857 to 1859; also Charter and Short History of Eclectic Medical Institute, with Biographical Sketches of the present Faculty, Officers of Alumni Association, etc. Price, twenty-five cents. Compiled by John K. Scudder, M. D., Cincinnati, Ohio, 1892.

This little book should be in the hands of every Eclectic and every one else who has an interest in the progress of Eclecticism in the United States. It gives a condensed history of the rise—but not the fall—and progress of Eclecticism from its birth to the present time. It also contains three beautiful engravings, those of Professors King, Scudder and Howe. Either of these pictures is worth the price of the book, to any one who cares to look upon the faces of men possessed of courage, wisdom and unfaltering devotion to honest convictions and who are the *main spokes* in the ECLECTIC WHEEL. v

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We are in receipt of the first copy, as an exchange, of the *Weekly Medical Review*, published by J. H. Chamber & Co, St. Louis Missouri. We have been a subscriber for this journal for several years; and though differing with it on general principles, we always found it full of good and interesting matter. It is issued every week and keeps the busy practitioner posted up to date. We consider it one among the best of journals published by our Regular brethren. v



### The Millennium is Near.

We publish below, a private letter we received from Dr. J. F. Davison, Secy. of U. S. Medical Practitioners' Protective Alliance. We feel that it is too good to keep from others hence we publish it. Dr. Davison had written us to mention in the CAL. MED. JOURNAL, a notice of their meeting. This we refused to do until we were assured that the Alliance was not gotten up in the interest of any one school. We cared not whether it be Eclectic, Allopathic or Homœopathic, and we further stated our opinions and feelings in the matter. Dr. Davison sent us a copy of the Alliance Transactions and replied with the following letter:

M. E. VAN METER, M. D.

Dear Doctor:—

Your kind favor of the 2d inst. just at hand. It is certainly a pleasure for me to receive such letters as yours, for they show the earnestness, the honesty, and fearlessness of the *man*; a man working zealously for the uplifting and betterment of our noble profession. I certainly thank you for the candid expression of your opinions, quite as much as for the proffered aid of your JOURNAL.

You make no mistake in the import of our Constitution and By-Laws: They are just what they seem to be. This Alliance is for *no* school of medicine *per se*. We *are* for the practitioner, recognizing him as a gentleman and brother and aiming to correct, if possible, the abuses which beset him and which he unjustly is obliged to contend against. I agree with you heartily that there has been, and is still, too much bigotry and prejudice in the old school against men who are graduates of Homœopathic or Eclectic schools. Personally, I belong to the old school, and so do most of the officers of the Alliance. But I have always recognized the right a man has to choose or follow any theory or school he prefers; and that, if he is a gentleman and a conscientious physician, he is in no way on an inferior plane to myself, nor can any one call him "quack." It is absurd for any of us to waste our time, destroy the dignity of the profession, or embitter men against us by this senseless abuse against the man who differs from us in his views. And that applies to other callings and other things than practice of medicine. The officers of this Alliance are men of rare lib-



erality of thought, otherwise they would not belong to the society. Our only thought is to do good to the profession, to raise it to a higher plane, to concentrate our forces for more effective fighting, and to endeavor to amalgamate the entire profession into one vast and noble brotherhood. Like all new crusades, this Alliance meets with opposition. It is still small and comparatively insignificant in numbers, but it has the right *spirit*, and so I think must force its way to the front. The medical press heretofore has been merely passive in its treatment of us, but now the editors are beginning to take more notice of the movement. Dr. Geo. M. Gould, editor the "*Phila. Med. News*," has lately joined our society, and came out in a strong editorial commending the Alliance to the profession. He tells me he will continue to do all he possibly can for us. Dr. Gould stands very high in Phila. Dr. Wm. N. Waugh, of same city, also stated he would do all he could for us in "*The Times and Register*." The "*Med-World*" has a strong feeling against us, but has not shown it openly yet. Some favor us but fear to show it.

It will certainly be a very great advantage to us to have the co-operation of your "JOURNAL" on the Pacific Coast, and we will heartily appreciate any favors you may show us at any time. I think your plan, to publish parts of our Transactions, in "JOURNAL," a good one. My experience in this work would lead me to say that only by eternally keeping at it can we hope for substantial progress and growth. So I think that if you could bring this matter to the attention of your readers each month it would be of great benefit after a little time. We did not issue a sufficient number of copies of Transactions to cast them to the winds, for the reason that we did not have the funds; but I have enough to supply all who may apply from the notice you may give in the JOURNAL. Please invite correspondents to enclose stamp. Your idea to publish transactions yourself and send to every physician on the coast is certainly very good, if the cost would not be too great for you. How many would you want? I may have some left over. I could send from here if I had a list of names.

I find the medical profession wonderfully conservative. Hundreds of doctors think our movement a very good thing, but they are not just ready to take hold, will wait awhile and see how it turns out. That is what keeps us down. I think our growth will be slow and rather discouraging for awhile. Western physicians take hold better than the Eastern doctors.

Doctor, I thank you for the interest you show in the Alli-



ance, and all the officers will also. Now is the time when we need just such help. Will be glad to correspond with you further; with kind regards I am,

Very truly yours,

J. F. DAVISON, SEC.

We look upon the organization of the Alliance as the most significant event in the history of medicine, since the advent of Eclecticism and Homœopathy. Every one, be he Regular, Eclectic or Homœopath, if he feels an interest in the progress of liberal medicine, and wants to see all intelligent and conscientious physicians, regardless of school or dogma pulling together for the betterment of the profession in general, should send stamp and address to Dr. J. F. Davison, Glendola, New Jersey and he will send Alliance Transactions, which contains the Principles, Constitution, and By-Laws of the Association. v.

We wish to call the attention of our readers, to the "Thesis" of Dr. Mathe, one of our graduates this year. The paper shows considerable thought and research on the young man's part as well as the advance of some new ideas. Taking it all in all, and considering the subject, Phthisis Pulmonalis, the paper would do credit to older heads. v.

We have received from Geo. S. Davis, Publisher, Detroit, Michigan, a copy each of "Pulmonary Consumption A Nervous Disease" and "Artificial Anæsthesia and Anæsthetics" of the "Physicians Leisure Library Series." These books are paper bound, and cost twenty-five cents each single copies, or are furnished at a regular subscription price of \$2.50 a year; which gives twelve numbers embracing different subjects. The value of these little books cannot be estimated. They give the physician the latest and best known up to the present time, of each subject treated; and these views are presented in a clear and concise manner.

We are highly pleased with "Artificial Anæsthesia" and consider it worth as many dollars as it costs cents. v



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BOOK NOTES

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"On the Reproductive Organs and The Veneral," by J. M. Scudder, M. D. Third Edition. With Colored Illustrations of Syphilis.

Prof. Scudder's writings are so well known, and he has such an established reputation as a thorough scientific and successful practitioner, that we feel it would add but little anything we might say in regard to this work. But will venture to say that it is sensible, practical and up with the times; and those who follow its teachings will be proud of their success. See ad. Eclectic Books in this JOURNAL.

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"A Practical Treatise on the Diseases of Women."

This is another work by Prof. Scudder, and the principles taught are based on a large and successful experience of many years. This work is illustrated by colored plates and numerous wood engravings, and does honor to its author and will prove a boon to those who study it carefully and follow its teachings. See ad. of Eclectic Books in this JOURNAL.

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"The American Eclectic Materia Medica and Therapeutics," by John M. Scudder, M. D.

To the general practitioner this book is invaluable; in fact, it is the most useful of all the excellent books from Prof. Scudder's pen. While one can get other reliable works on pathology, ætology and diagnosis of disease, we can nowhere else get such a system of therapeutics. Here Prof. Scudder has gone far in advance of all his confreres, and this it is that stamps the Eclectic a *sui generis*, and makes his success one of which he may boast. Send for this book and be sure you get it. Do not try to practice without it. See ad. of Eclectics in this JOURNAL.

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"Tables for Doctor and Druggist." This book contains 133 pages and treats of Solubilities; Reactions and Incompatibles; Doses and Uses; Poisons and Antidotes.

Every page is filled with valuable matter. The table of Poisons and Antidotes, alone is worth the price of the book and is something that should be on the table of every practitioner, as a ready reference. The tables of Solubilities, Reactions and Incompatibles, Doses and Uses are very valuable to the busy practitioner. Published by Geo. S. Davis, Detroit, Mich.



"Circumcision: its History, Modes of Operation, etc., From the Earliest Times to the Present; with a History of Eunuchism, Hermaphroditism, etc., as Observed Among All Races and Nations; also a Description of the Different Operative Methods of Modern Surgery Practiced on the Prepuce."

This book is interesting, amusing and instructive, and will well repay any one for its small cost and time spent in reading it. The reader is at once struck with surprise at how much there is to know, and how little he has known of this, to him heretofore, simple subject. The work is interesting in its complete history of the subject; amusing as to the ideas of certain races, why and how they performed circumcision; and it is instructive because we have the latest and best authority upon the subject up to date. Price in paper, 50c.; cloth, \$1.25. Published by F. A. Davis, 1231 Filbert street, Philadelphia, Pa.

"A Treatise on Practical Anatomy for Students of Anatomy and Surgery," by Henry C. Bornning, M. D.

We have examined this book carefully, and with much pleasure, and most unhesitatingly endorse it as the book *par excellence* for students of anatomy, and as a reliable and, what is of great importance, a *quick* reference for the operator. While it is amply explicit, it is not overburdened with minutiae. Any important structure of the body can be turned to at once and its situation, uses and relations seen at a glance. We would heartily recommend this book to every teacher and student of anatomy and to every surgical operator. Price in cloth or oil-cloth, \$2.50. Published by F. A. Davis, 1231 Filbert street, Philadelphia, Pa.

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## TUBERCULOSIS PULMONALIS.

### Tuberculosis Pulmonalis.

BY L. MATHE', M. D.

In this Thesis, I have tried to give a brief statement of my ideas and impressions of the disease known as "Tuberculosis Pulmonalis;" a very common disease, more common by far than is generally believed, yet not necessarily so fatal as some authors claim it to be, and, will I dare to affirm? not fatal at all, if diagnosed and treated in time.

My experience being as yet confined to the observation of a limited number of cases, I have stated facts based more especially on what the experience of others has taught me. On several points I have formed an opinion of my own, and I will trust to the indulgence of my respected professors to allow me to express the same boldly. If I have chosen Tuberculosis Pulmonalis as the subject of my Thesis, it is because I do not know of another disease in which a true eclectic treatment, eclectic in the real acceptation of the term; eclectic "par excellence," will meet with greater success; because in this disease, the successful man must be a first class, all-round physician, with all the therapeutic and hygienic resources at his command; in other words, an "Eclectic;" not a narrow "Specialist," with one or two remedies, and one incomplete method.

Tuberculosis Pulmonalis;—Pulmonary Consumption; Tuberculous Consumption. Phthisis Pulmonalis (*Φθισις*, a wasting away.)

It is a molecular death of the lung-substance, and a general wasting away of the soft tissues of the body.

It has been classified by some authors, into three different varieties.

1. "CATARRHAL, OR CHRONIC CATARRHAL PNEUMONIA," where the disease is a *continuation* of a *pneumonia* (catarrhal type).
2. "FIBROUS" OR "CIRRHOsis" OR "INDURATION," where the connective tissue growth is prominently developed.
3. "TUBERCULAR," OR "ACUTE MILIARY TUBERCULOSIS," where miliary tubercle is deposited within the lung in the lymphatic structure.

Here I will consider only the third variety, "Tubercular," naming it "Tuberculosis Pulmonalis."

The first variety may be looked upon as an exciting cause, and the second as a special disease of the lungs; "Cirrhosis," as Dr. Corrigan of Dublin named it, from its resemblance to the disease known as "Cirrhosis of the liver."

The term consumption is the one used not only by the



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physician but also by the laity, to express certain pulmonary changes, no matter whether caused by chronic inflammation, or by tubercular deposits.

### MORBID ANATOMY.

The disease germ, "Tubercular Bacillus," is simply a change or an alteration or degradation of the primary elements of the blood. The precise method of degradation is unknown; but it is well established that all states inimical to a high standard of vital force, or in other words, "health," are productive of it.

The tubercular bacilli are little, microscopical rods, occasionally long, very thin, rounded at the ends, straight or curved, frequently beaded. They consist of a very delicate sheath, containing protoplasm, easily broken up, often coagulated into little segments or roundish granules. They occur singly, in pairs or in bundles.

They are found in the blood, in the cells of tubercles, especially in the giant cells; in the sputum, excretions, secretions, exhalations, etc. They propagate by spore formation. About 37° Centigrade is a favorable temperature for their development, and cold is adverse to their growth.

They are *strictly contagious* and *infectious*. They are often found in food, such as milk, meat, water. They can be inhaled from the air. The presence of their ptomaine gives rise to serious constitutional symptoms, such as fever, diarrhoea, gastritis, etc.

If human beings or domestic animals in a state of normal existence, are placed in or under states adverse to the maintenance of a high standard of health, the primary element of their blood, as I have said above, will become altered, changed and degraded into the disease germ tubercle, which is carried by the circulation to the weakened parts of the body.

The germs, or bacilli, will go through a process of fecundation, growth and death, becoming albuminous, cheesy or calcareous.

The presence of these germs in sufficient number, results in their effusion in the peri-vascular spaces of organs (especially of the lungs) which, under the microscope, show giant cells. Tubercular matter, in the form of miliary tubercles or "granulations," are found scattered through the lungs; opaque, yellowish-white masses, infiltrated into their texture.

Miliary tubercles, or pulmonary granulations, are minute, roundish, shining, translucent, hard bodies, often not larger



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than a millet seed, but varying from this size to that of a hen's egg; usually of a grayish, sometimes light reddish, sometimes dark red or brownish color, sometimes nearly colorless; either isolated, or in small bunches, or in masses, inclosing and consolidating portions of lung tissue;—and in that case more especially found in the upper portion on the lungs; sometimes in children, and even in adults, immediately beneath the pleura, producing an irregularity perceptible to the fingers.

In the miliary granulations, the transformation commences by a small, yellowish-white spot, which most commonly appears at or near the center, enlarging gradually, until the whole granule assumes that character: in that state the little bodies are generally called "crude tubercles."

### PROGRESS OF TUBERCLES.

When a tubercle has attained its full size, which we know varies between a pin's head and a hen's egg, it begins to soften, first at the center, then towards the circumference, becoming a soft, yellowish mass, resembling pus.

When so softened, the irritating properties of the confined matter produce inflammation of the adjacent parts; then ulceration follows, opening communications between the tubercles and the bronchial tubes. The matter is then expectorated by the patient more or less rapidly, leaving a cavity called "vomica."

These cavities are lined with a secreting membrane formed of fibrinous exudation, sometimes without any intervening tissue. When old, that membrane is grayish and like cartilage. The surrounding parenchyma is sometimes healthy, but oftener crowded with tubercular deposits.

After the broken down tubercle is evacuated, and if let alone and not interfered with by remedies or normal healing process, pus is constantly secreted in the cavity by its lining membrane. Sometimes blood and broken down pulmonary tissue gets mixed with it, and is expectorated in the usual manner. It is usually inodorous, but sometimes fetid.

Blood vessels in the lungs are then altered, new ones being formed to nourish the new tissue derived from the bronchial arteries and the intercostal branches. As a matter of course, such process being slow, and the obliterating power of nature stronger in early life, less cavities are found in children. Little by little the lungs are so destroyed that they are no longer fit to perform their office, and death follows.

Sometimes, when the tissue around a cavity is healthy, or



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influenced by proper remedies, its lining membrane ceases to secrete; the walls contract, unite and consolidate into a fibro-cartilage body, quite harmless in the lungs. Nature sometimes, or proper treatment given in time, operates such a cure.

Sometimes, by the absorption of organic portions of the tubercle, salty or earthy deposits remain, and repeated depositions finally result in the filling of the cavity with a hard, chalky substance, harmless in the lungs. Such deposits are frequent in old individuals. It is quite possible, nevertheless, that some of these so-called altered tubercles may simply be calcareous deposits in distended bronchial tubes.

Various opinions have been put forth in regard to the formation of tubercles. They have been supposed to be enlarged absorbent glands; but this supposition is contradicted by the absence of organization. They have been supposed to be the result of exudation into the air cells, to which they were thought to owe their shape. Still, they are found in other organs, where such cells do not exist. They have also been placed in the radicles of the veins, in the mucous membrane of cavities of the bronchial tubes, and in the intervessicular tissue. It appears, however, that they are found wherever there are blood vessels to bring the bacilli and the material of which they are composed.

Opinions also vary in relation to the origin of the tubercles.

Many pathologists have maintained that they are the result of an inflammatory process; but there is good reason, when inflammation occurs, to consider it as the consequence, and not the cause of morbid product, from the fact that tubercles are least frequently found in those parts of the lungs where inflammation is most frequent. And it is now a well-known fact that a prodigious multiplication of bacilli in the weakened structure causes the effusion of tubercle,

Very often the pleura of the lung, (*Pleura pulmonalis*) is found adhering to that of the side, (*Pleura Costalis*). The bronchia are always more or less inflamed in the advanced stages, especially those communicating with tuberculous cavities.

In the larynx and trachea, numerous minute ulcers are found, extending often to the bronchia. The bronchia are often dilated, and bronchial glands frequently enlarged and loaded with tuberculous material. The pulmonary tissue is more or less inflamed.

Tubercles are frequently found in other organs of the body.



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There seems to be scarcely a living part of the body which is not liable, to a greater or less degree, to invasion of the "bacterium."

The stomach becomes larger and its walls thinner, often ulcerated. In the intestines, also, ulcerations are very often found. The liver often becomes enlarged and changed in consistence, known as "fatty liver."

### ETIOLOGY.

Tuberculosis Pulmonalis is often due to an hereditary or acquired constitutional debility; a tuberculous diathesis, or predisposition. It is either identical with the scrofulous diathesis, or closely analogous to it.

By scrofulous diathesis, or temperament, I do not mean that the individual must necessarily be as described in almost all the text-books; "of a fair complexion, fine hair, of different shades, from light to dark chestnut, blue or gray eyes, long eye-lashes, thick upper lip, etc. etc."

These types may be quite common among the English, Anglo-Saxon or Scandinavian races; but they are quite rare among the French, Italian and Spanish subjects. And among four hundred million Chinese or Mongolians, three hundred million Hindoos, and a large number of other people of the Asiatic, African and other races, how many light complexioned individuals will you find? And yet we find a larger percentage of a scrofulous diathesis among some of the darker races than among the light.

There may be a certain laxity of the tissues, leading to weakness or perversion of function, so that the blood, instead of properly nourishing the living structure, throws into it a peculiar product of a lower grade of vital force, becoming a foreign matter, with a tendency to degeneration, degrading into other living matter with an independent power of existence and reproduction in and out of the body.

There is something, undoubtedly, besides mere debility, for such condition often exists without any production of tubercle, or any apparent tendency towards it. (Buchanan)

### PREDISPOSING CAUSES.

Tuberculosis is *pre-eminently* a hereditary disease. So that a mere suspicion of the existence of the disease, arising from observation of the symptoms, is strengthened into conviction by the known possibility of an inherited taint.

It is also a well attested fact that the living germs of tubercle though weighty, are capable of passing out of the body by the breath, saliva, urine, stools, etc., being carried from in-



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dividual to individual; and tuberculosis is propagated by contagion and infection.

The presence of the bacillus of Tuberculosis has been observed in eighty per cent of our people living in large cities, and seventy-five per cent of the cows and other domestic animals, the dog and goat excepted. (Buhl—Buchanan)

The passage of a disease germ from race to race seems to increase its virulence or activity; and for this reason, this living contagion is more to be dreaded here than in other countries, where people of different races do not inter-marry so much.

Observation and experience confirm the fact that offspring of two distinct, opposite, antagonistic races, and offspring of a union of individuals identical in temperament, physical and mental traits, almost consanguineous, are nearly all tubercular.

### A DAMP COLD CLIMATE.

As regards temperature, it is quite certain that it is not the mean temperature of a place which gives a measure of the frequency of Phthisis; but the sudden, frequent changes do the harm, by overcoming the compensatory activities of the body.

Taking cold, by itself alone, can never cause Phthisis. It can only prepare the field for the invasion of the tubercular bacilli.

On the contrary, a warm latitude favors the developement of the germ. In the tropics, Tuberculosis Pulmonalis shows its greatest frequency, and runs its course most rapidly.

Bad hygiene; badly drained or miasmatic soil; anything having a tendency to injure or enfeeble the health in any way, will generate in some individuals the tubercular diathesis. Hence insufficient diet, whether as to quantity or nutritive properties; sedentary habits; exhausting indulgences or excesses, masturbation, etc.

It is an incontrovertible fact that Tuberculosis has a direct connection with the density of the population. Towns, and particular quarters of a town, are therefore particularly dangerous. Still worse are places that are shut in, and where proper ventilation is impossible; as large tenement houses, workshops, manufactories (in this case, both dust and foul air work together), barracks, prisons and schools.

Of the three in a thousand of the population who die of consumption, twelve to fifteen per cent are those placed under such conditions; and at least eighty per cent of the whole



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population are more or less tuberculous, although they do not all die of the disease.

Grief: anxiety: disappointments: any or all other depressing emotions. The abuse of cathartics, stimulants, etc.

The male sex. Particular formation of the body. A too rapid growth.

### EXCITING CAUSES.

Anything capable of irritating or inflaming the lungs, of producing in them an unusual influx of blood, may precipitate the deposition of tubercles in persons predisposed to them: such as extension of a Bronchial Catarrh, Pneumonia, Subacute Pleurisy, Asthma, Variola, Scrofula, etc., the inhalation of irritating particles or gases.

The most dangerous occupations are those of the file cutters, gold-smiths, bronze workers, stone cutters, manufacturers of French mill-stones, steel and brass grinders, cutters of diamonds, precious stones, glass and porcelain, polishers with sand paper, hare-wool cutters, braiders in hat factories, flax combers, horse-hair pickers, etc., etc.

Among such men, a frightful number are actually suffering from some form of Phthisis Pulmonalis;—over eighty per cent.

Sudden exposure to cold, or sudden and frequent changes in temperature are also exciting causes.

It has been advanced that the suppression of long continued morbid evacuations, the too hasty resolution of external scrofulous ulcers or tumors, the healing of old ulcers, and especially fistula in ano, were exciting causes. Now, however, it is successfully demonstrated that the *presence* of such condition is rather a predisposing cause, having the tendency to debilitate and weaken the system: and to-day we can treat successfully such difficulty and at the same time arrest the progress of Tuberculosis, or prevent its ingress.

In the female, pregnancy is an exciting cause. It is not rare to see a young mother of a tubercular diathesis, succumb to the disease soon after delivery.

Tight lacing, also, by interfering with the functions of the lungs, has favored the formation of tubercles in those predisposed to them.

### AGE.

In a certain point of view, *adult life* may be regarded as an exciting cause. Nutrition and sanguinification formerly appropriated to the growth or repair of the organs, are now much diminished. Much of the material in excess is thrown out in a less elaborate condition, feeds the bacilli, or is



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transformed into them, and thereby helps to form tubercles.

It has been observed that the greatest number of cases of Tuberculosis originate between the ages of seventeen and twenty-seven. But the greatest number of deaths will occur later, much later than has been believed up to this day. if we can rely on the latest statistics. The greatest number of deaths was supposed to occur between the ages of twenty-five to thirty years.

■ The following table is taken from a report of Dr. Wurzburg, giving ratio of death from Phthisis in every 10 000 persons living at each period:

0	Year	to	2	Years	Male	22	Female	21
2	"	"	15	"	"	5	"	6
15	"	"	20	"	"	18	"	19
20	"	"	25	"	"	35	"	26
25	"	"	30	"	"	40	"	34
30	"	"	40	"	"	44	"	38
40	"	"	50	"	"	57	"	40
50	"	"	60	"	"	82	"	54
60	"	"	70	"	"	112	"	76
70	"	"	80	"	"	78	"	50
Over 80 years				"	"	32	"	21

Confirmed by Dr. Julius Lehmann from Copenhagen. Dr. Jacob Schmitz from Bonn. and Dr. Vibert from Paris.

My belief is that from 3 to 15, and more especially from 18 to 30 years are the critical periods; or at such age or time as the system can least resist depressing influences. If death from Phthis occurs oftener in old age, it is due to the fact that many protracted cases are carried from comparatively early life into old age.

### SYMPTOMS.

I will divide Tuberculosis Pulmonalis into acute and chronic.

In the severe acute form, the different evolutions of the tubercular deposits constitute the different stages of the disease; viz,—

1. The period of effusion and accumulation of tubercular deposits in the lung tissue, often causing consolidation of lung substance.

2. The period of death and the breaking down of the microbic mass.

3. The period of elimination, attended with inflammation and ulceration of the adjacent parts, the mass finding an outlet in the bronchial tubes.

These different periods, however, often occur at the same time in different parts of the lungs, when the disease is a little advanced; and a greater number of symptoms, in fact,



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the symptoms of the three stages, will sometimes make their appearance together in a more or less severe form.

### IN THE FIRST STAGE.

Tuberculosis begins in different modes. Often before there is any appreciable lesion in the lungs, even before tuberculosis deposits can be detected, the following signs will give a warning of the coming disease:

Emaciation while appetite is good; family history; stoop; anæmia; arthritis; hoarseness; sore throat; bad breath; hectic flush; rapid pulse; slight elevation of temperature towards evening; hæmoptysis; amenorrhœa; spermatorrhœa; red line on gums; "gingival margin;" rheumatoid pains; weak, tired feeling; shortness of breath; fugitive and dull pains in different parts of the chest; acromial depression; prolonged expiration; little, hacking, dry cough; cogwheeled breathing; harsh, vesicular murmur; insufficient expansion of side to be affected; congestion of vocal chords; brilliancy of eyes; hyperæsthesia; irritability; curved nails, growing rapidly; clubbed finger ends; appearance of hair where none generally grows; Pityriasis versicolor; small aphthæ on the tongue or mucous membrane of the mouth and lips; constipation; hemorrhoids, etc., and a good many others which I can not call to mind.

### IN THE SECOND STAGE.

Most frequently we notice a progressive emaciation; a short, dry cough, very slight at commencement. Sometimes the patient does not cough at all, but simply clears his throat, and will probably expectorate a little every morning or after each meal, for a period more or less prolonged. Later on, coughing is attended with expectoration, first transparent, later yellowish and opaque. Dispnoea at first only after exertion, but later, on a constant symptom; fatigue after exertion; febrile sensations towards evening, denoted by flushing of cheeks and heat in palm of hands and soles of feet. At that time, pulse begins to be slightly accelerated, and temperature rises in proportion. Fugitive pains between shoulders, in the sides, or about the sternum continue to be felt.

That peculiar luster will be observed in the eyes; there will be a peculiar clearness of the sclerotic. Hæmoptysis is more severe, and when it subsides, is followed by an amelioration of cough, fever and pains; often leading the patient to believe that he is recovering. But in other instances it frightens him, and seems to mark an aggravation of the dis-



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ease, which afterwards progresses more rapidly. Hæmoptysis very often returns again and again. Night sweats are often met with.

As all these symptoms increase, the second stage is nearly ended, and the third stage is ushered in, sometimes abruptly, sometimes by imperceptible degrees.

These symptoms, however, vary in different cases, according to the constitution of the patient, or complications of other diseases, or exciting causes; and their progress and duration differ greatly.

During the development of these symptoms, the vomica which has been imperceptibly forming, opens into the bronchia, and the symptoms of the third stage are at once developed.

### IN THE THIRD STAGE.

That period often comes so gradually that the precise time of its commencement can not be fixed. Fever generally increases, as the inflammation and ulceration goes on, until the outlet is formed into the bronchia, and the purulent material has found this outlet and is expectorated.

The cough is then increased, especially in the morning, when the accumulations of the night are to be discharged from the lungs. Then, as the disease advances, the cough and dispnoea become more urgent, hæmoptysis may occur in a more marked form, and to a greater extent; emaciation and weakness become more considerable; the pulse at times more frequent; temperature higher and uneven; the face flushes towards evening, and hectic fever sets in, followed towards morning by profuse perspiration. The urine is high colored, and loaded with phosphates and chlorides, depositing a branny sediment. The tongue may show an unnatural redness and cleanness.

Sometimes, as the disease progresses, the appetite mends, and generally becomes better than in the first stages, but does not seem to strengthen the patient as usual. Profuse diarrhoea will then appear, sometimes tinged with blood; colliquative sweats; extreme emaciation; aphthæ in the mouth and throat; sometimes œdema of the legs; hectic fever in a more marked form; at that time, a feeble, rapid and irregular pulse will usher in the fatal termination.

### PHYSICAL SIGNS.

In the incipient stage, or before suppuration sets in, dullness on percussion over the clavicles and in the supra and infraclavicular regions. This dullness is sometimes common



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to both sides, but generally greater on the one side than on the other. Similar dullness between the scapulæ. The upper part of the chest in some instances is obviously contracted, the clavicles being very prominent, the supra-clavicular region deeply hollowed, the anterior and upper part of the chest flattened, and the shoulders thrust prominently forward.

The stethoscopic indications are: A roughness in the respiratory murmur; a prolonged expiratory sound; bronchial respiration is heard more distinctly on one side than on the other, and most to be depended on as a sign of incipient Tuberculosis, when heard *toward the point of the shoulder*; mucous, submucous and sibilant rhonchus; a slight click; slight crepitant rhonchus; increased resonance of voice; bronchophony; and in some cases, extremely indistinct respiratory murmur.

In acute or confirmed Tuberculosis Pulmonalis, the physical signs are less obscure. The click, or bubbling sound is more distinct—it is more distinctly heard when the patient coughs or takes a full inspiration. Cavernous rhonchus; cavernous respiration; pectoriloquy; metallic tinkling; distinct gurgling when the patient coughs or laughs; cracked pot sounds on percussion. All of these sounds are more or less pronounced, in accordance with the extent or depth of the cavities.

The situation in which these sounds occur, and the limited space which they occupy, will generally serve to distinguish Tuberculosis from other conditions of the lungs productive of the same or similar sounds.

The *character* of the sputa may be classed with the physical signs. At first, they are opaque, muco-purulent, sometimes grayish in appearance; come up easily to the throat, in little rounded masses; are easily expectorated; often sink in water, and sometime contain particles of clotted matter like softened cheese, or little pieces of boiled rice. In rare instances, distinct portions of pulmonary tissue are spit up. Streaks or small clots are often mixed with the expectorations.

Later, pus is often expectorated in distinct masses, resembling little, irrenular balls of flock of wool, of a yellow and greenish color, dropping out easily from the mouth, not having that tenacious appearance of ordinary mucous discharge, but sinking and breaking down in water.

The germs in the sputum will bear cultivation well, they will even isolate and clear themselves of all extraneous matter.



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In chronic Tuberculosis Pulmonalis, symptoms and physical signs may all be present, but in a less marked degree. Emaciation exists, but its progress is often arrested, and remains stationary for a more or less lengthened period. The weight of the patient may remain the same for 10 or 12 years, or even more; and yet, during all that time, the different changes occurring in tubercular deposits will take place at irregular intervals, all the different symptoms accompanying such periods will be present, but in a lighter form.

An individual so affected, being naturally weaker than others, will in all probability, if he is aware of the gravity of his case, take a better care of himself than a strong and healthy person will and by so doing, will very likely outlive the more vigorous individual.

### DIAGNOSIS.

The symptoms and physical signs taken together render the diagnosis of Tuberculosis Pulmonalis easy. However, the recognition of the disease is not altogether dependent on the symptoms I have enumerated.

We have the remarkable appearance of the skin; abnormal growth of hair in some, loss of hair in others; expectoration; hemorrhage; consolidation of lung partial or total; loss of voice, or simply infeebled vocal power; general nervous bankruptcy, or neurasthenia; the presence of an excessive amount of phosphates and chlorides in the urine; and to remove any possible doubt, by the microscopical examination of the sputum or blood, the presence of the characteristic bacillus will convince us.

Sometimes the only apparent symptom will be dyspepsia; sometimes only headache or pains over the eyes, occurring often, for which there would not be any obvious explanation. Sometimes palpitation will be the first symptom which engages the patient's attention, feeling well in every other respect.

I know of several men, apparently and really strong, well developed, well nourished, possessing a great power of resistance, still they have Tuberculosis Pulmonalis; small deposits, it is true, nevertheless the enemy is there. By examination of their sputa and other light symptoms, I came to the positive conclusion that they had the disease.

### DURATION.

To speak correctly of its duration is out of the question. In acute cases, if not carefully and energetically treated,



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from a few months to one or two years, perhaps more.

In chronic cases, death often occurs after the lapse of years and after repeated attacks, and very often the patient dies from quite a different disease.

### PROGNOSIS.

In acute Tuberculosis, if of the very rapid type known as "galloping consumption," highly unfavorable.

In ordinary acute cases, where the patient lets the disease follow its course, unfavorable also, as to the ultimate event, but guarded as to the event of an existing attack. But if treated in time the patient's life may be prolonged to such an extent that the amelioration or arrest of the progress of the disease may be regarded as a cure.

In chronic cases, if patient preserves a strict regard to hygiene and diet, and observes regular habits, inhales fresh and pure air, etc., he will in all probability, as I have said above, die of some other lesion, as the cicatrized pulmonary cavities found in the dissecting room seem to prove.

As an evidence of the curability of Tuberculosis, I will say that Dr. Vibert, who is connected with the morgue of Paris, has stated that among two hundred necropsies which he made on persons who died violent deaths, he has, in as many as twenty per cent., found evidence of old tubercular lesions in the lungs (*vomicæ*), which had healed.

### TREATMENT.

For a successful treatment of Tuberculosis Pulmonalis, we have to consider several essential points:

1. Maintain the vital force present and restore the lost vital force.
2. Remove the causes as much as possible.
3. Palliate the prominent symptoms.
4. Destroy the bacillus factor of the disease by an intelligent use of germicides, and by so doing, check suppuration and combat the septic condition of the system.

(1.) In maintaining the highest standard of health possible, we render the patient proof against the degradation of his own living matter into microbes, and against their ingress in any form. We want, in other words, to increase his resisting power.

If healthy men did not have that power they would rapidly fall victims to the bacilli which they inhale at all hours with impunity.

"To increase vital force: Avoid anything within or without which lowers it; avoid unsanitary conditions, and all



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things likely to injure the human mind; have recourse to change; avoid monotony or sameness; improve the general well-being of the patient. Every comfort within reason should be supplied; his or her surroundings should be looked after." (Buchanan.)

The body should be sponged off with cold water, and well rubbed with a coarse towel, well dried, morning and night. The patient should also have massage from a very healthy nurse. Flannel should be worn next to the skin, otherwise woolen clothing.

A climate in which pure air and ozone abound is the most beneficial. I will say with Bull, the principal cure is *good air*; as high, dry altitudes. In summer, an elevation of from 2000 to 3000 feet above the level of the sea should be sought; in winter, the patient may dwell either near the sea, or at an elevation of 500 to 1000 feet.

The residence should be in a spot sheltered from the wind, and on well-drained soil, with large, airy rooms, the sleeping apartments well ventilated and clean, but warm and free from draughts at night.

They should be devoid of carpets and upholstered furniture (actual germ breeders.) I would allow only a few clean rugs, thoroughly beaten, shaken and cleaned every day, to be spread here and there on an old-fashioned wooden floor, painted or waxed, thus preventing the patient from reinfecting himself, as often occurs in our modern houses.

Gentle, open-air exercise may be indulged in, when the strength allows, but never to fatigue; walking, horseback riding, and swimming, especially in salt water, are good; also aerotherapy, which will have the effect of dilating the lungs and retarding tubercular development; moderate vocal exercise, in the form of singing; the air must be inspired and expired slowly.

In calm and warm weather, the patient may sit out of doors as much as possible.

The diet should be varied and nutritious, consisting as much as possible of articles animal and vegetable rich in blood elements, with an abundance of ripe fruits; fresh, warm milk from a healthy cow, drunk before vital elements escape; raw eggs, etc. In some cases, the patient should be restricted to such food alone, and the hydrocarbons.

Sometimes such means are sufficient to arrest the progress of the disease without the help of remedies. Often by that alone the patient improves, and if such means are kept up, is restored to health.



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(2.) Remove the causes as much as possible.

A proposition of that kind is too rational to need much explanation. It is evident that if spermatorrhœa, brought about by habitual masturbation, has been detected as the cause of the disease in one particular case, remove that cause, if possible, and your patient will get along nicely under proper treatment of both the cause and its effects.

If a workman employed in a manufactory of French millstones as a cutter (a man following that occupation will sooner or later become the prey of tubercular bacilli), with a good family history, healthy and strong previous to his learning the trade of a millstone cutter, if such a man comes to you with symptoms of Tuberculosis, even in its earliest stage, you may prescribe tonics, nourishing diet, enough Cod Liver Oil to bathe in, voyages to the sea shore; have him put in practice all the principles in reference to diet, bathing, clothing, hygiene that you can think of; all that will be of no avail, if you allow him to remain a millstone cutter. If he does not change his business, he will continue to be a victim of the dreaded bacillus, and succumb to it in a short time.

(3). Palliate the prominent symptoms.

If the stomach shows signs of weakness or atony, quassine may be given in the dosimétrique form; if it fails to digest, Pepsine, Hydrochloric Acid, Nux Vomica, Cinchona, etc. If there is a great acidity of that organ, Sulphide of Soda, compound tincture matricaria, Papoid triturated with bicarbonate of soda, lime water, etc.

The best tonics indicated will be Quinine, Strychnine, Arsenic alone or in combinations; as arseniate of strychnine, arseniate of caffeine.

The hypophosphites will be of great benefit when phosphates and chlorides are passed with the urine in large quantity. Iron seems of little or no benefit.

Cod Liver Oil may be mentioned under the head of tonics, although it is more a food than a remedy. We all know that a good quality of Cod Liver Oil, aside from Iodine, Bromine, Phosphoric and Sulphuric Acid and Biliary Salts, consists chiefly of *Olein*, with a little Gaduin, Trimethylamine, Butylamine, Amylamine, and especially Morrhuine, together with Morrhuic Acid. Recently more alkaloids have been found.

In doses suited to the power of assimilation of the patient, fresh, pure Cod Liver Oil improves nutrition, increases the appetite, enhances the number of red blood-corpuscles better



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than iron will, and without its bad effects; stimulates the nervous system.

The association of fatty bodies with biliary matter promotes absorption and assimilation, and the properties of Iodine and Bromine are also enhanced by the state of organic combination in which they exist.

What a splendidly compounded prescription nature has put up for us!

If the patient does not seem to digest the crude oil, an emulsion may be given. There is one reliable preparation that I will recommend. It is known as *Hydroleine*; imported in the United States, I believe, by C. N. Crittenden, of New York. It contains pancreatine, water, salicylic acid and a small quantity of Hyocholic acid. It is to be taken at meals or with meals. It undoubtedly aids the defective secretion of the pancreas, and allows not only the oil, but the other fatty food, to be properly digested and assimilated.

The *Fever* may be controlled with aconite; or if the patient is sensitive to the effect of aconite in the mouth, aconitine in the form of a dosimetric granule or pellet of .000125 gramme (1-500 gr.) to be administered. *Veratrum*, *Strophanthus*, *Phenacetine*, according to indications.

In *Diarrhoea*: Subnitrate of Bismuth by the mouth or per rectum. enemata of very hot sweet oil and codein, resorcin in one per cent. solution.

In hæmoptysis, turpentine and sugar, strophanthus, digitalis, gallic acid, oil of erigeron, oil of cinnamon, injections of ergotine, ipecacuanha, very small doses of opium, etc.

To prevent night sweats, aromatic sulphuric acid and quinine, atropine (dosimetric), agaric, trituration of chloride of lime.

If anorexia, quassine (dosimetric), cascara, arsenic, strychnine and their combinations. A strict analeptic regimen must be enforced.

To combat the cough, ammonium acetate, liquor ammoniæ acetatis, ozonized tar syrup, syrups of prunina, squills, ipecac, tolu, lobelia, marshmallow, slippery elm bark, flax-seed, lemon juice, alone or intelligently combined; chloride of ammonium, codeine, iodoform (dosimetric).

If too profuse expectoration, inhalations of turpentine, terebene, eucalyptol and, best of all, beech creosote.

If insomnia, sulphoral, codeine, chloralamid, chloral.

(4.) The general use of bactericides.

At the head stands sulphide of lime, also called calcium sulphide or sulphureted lime; Hepar sulphur by the homeo-



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paths. In small doses, frequently repeated, it annihilates all disease germs. even the most malignant. and so sterilizes the blood that no microbe could live in the body while it is taken. I prefer the first decimal trituration, taken in small. frequent doses, or alternating with *calcareo carbonica*, 3rdX.

Germicides are taken by the stomach, rectum, inhalations and local applications.

By the stomach: Besides sulphide of calcium, and *calcareo carbonica*, we have Iodoform (dosimetric *one* millegramme); glycerite of ozone (in water, 20 to 30 drops, 3 times a day). Buchanan recommends it highly. We have also ozonized tar syrup, hydrochloric acid, chloride of lime in trituration, iodine, carbolic acid, creosote.

The last named remedies can also be given per rectum.

By local applications, to be absorbed by endosmosis, we have; common tar plaster, resorcin ointment, thymol, turpentine and sweet oil or lanoline, mixed, make a very good ointment. Very slightly carbolized lanoline, etc.

By inhalation, to disinfect the bronchial tract, by the use of the steam atomizer; nascent chloride of ammonium, iodol. resorcin, naphthaline. creosote. the last. but not least. This agent is especially useful in Tuberculosis. It has been noticed that the workmen employed in creosoting the sleepers of railway beds are seldom attacked by Tuberculosis.

I think with Dr. Burggrave that a hospital with walls. beams and floors formed of creosotized wood would be the ideal place for consumptives.

Electricity judiciously applied will be found of great benefit. As a tonic and alterative. it will kindly influence the different organs, and also prove an enemy to the bacillus.

What shall I say of "Tuberculine," or "Parataloid," the famous Koch's lymph, the great pyrogenetic agent, as to its efficacy in tubercular affections?

Without the *chauvinisma* naturally expected of a Frenchman by birth, I will simply refer to the more or less conflicting reports of the press and say with others: It has been a good discovery, not because it cures Tuberculosis (pure water is really a great deal more efficacious and less malignant,) but because it has directed the mind of the most prominent men of the age to Tuberculosis, and thereby caused a closer study of the disease, and a more accurate determination of the principles necessary to be followed in its treatment.

I will not be so misguided as to believe that "Tubercu-



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line " will restore the loss vital force of a consumptive, with all due respect to Dr. Koch.

There still remains a wide field for the use of a rational therapeusis. The indications for the particular medicines must be gathered by the thorough Eclectic from the symptoms and circumstances; and if we constantly bear in mind that as long as a high standard of health is maintained, germs will undoubtedly die out, we are almost sure to meet with success.





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